



EMPLOYEES' PROVIDENT FUND ORGANISATION, INDIA  
APPLICATION FOR OBTAINING CERTIFICATE OF COVERAGE

(To BE FILLED IN BLOCK LETTERS ONLY)

REFERENCE No. 31014031900006200908

**DETAILS OF THE EMPLOYEE:**

NAME <b>AMIT KUMAR PANDEY</b>	DATE OF BIRTH <b>12/04/1991</b>
GENDER <b>MALE</b>	NATIONALITY <b>INDIAN</b>
UAN <b>100080528089</b>	AADHAAR NUMBER <b>0</b>
PERMANENT ADDRESS <b>VILLAGE- GYAN CHHAPARA, POST- ANDILA DEORIA DEORIA UTTAR PRADESH 274604</b>	EMAIL ID /CONTACT PHONE NUMBER <b>pandey.amit4@tcs.com 7715098753</b>

**PASSPORT DETAILS:(Copy of passport to be enclosed)**

PASSPORT NUMBER <b>L7504476</b>	DATE OF ISSUE: <b>05/03/2014</b>
PLACE OF ISSUE: <b>LUCKNOW</b>	VALID UPTO: <b>04/03/2024</b>

**FAMILY MEMBERS ACCOMPANYING THE EMPLOYEE : NO**

**DETAILS OF THE PRESENT EMPLOYER IN INDIA:**

ESTABLISHMENT NAME: <b>TATA CONSULTANCY SERVICES LIMITED</b>	ESTABLISHMENT PF CODE NO: <b>MHBAN0048475000</b>
ESTABLISHMENT ADDRESS: <b>11TH FLOOR, AIR INDIA BUILDING, NARIMAN POINT, MUMBAI CITY, MUMBAI, MAHARASHTRA, 400021</b>	EMAIL ID /CONTACT PHONE NUMBER: <b>corporate.socialsecurity@tcs.com</b>
BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):	<b>INDUSTRY</b>
COUNTRY (HAVING SOCIAL SECURITY AGREEMENT WITH INDIA) WHERE EMPLOYEE IS GOING TO WORK	<b>BELGIUM</b>
WORK PERMIT DETAILS	FROM(DD/MM/YYYY): <b>20/06/2019</b> TO(DD/MM/YYYY) : <b>19/06/2021</b>

**DETAILS OF THE EMPLOYER & PLACE OF WORK IN COUNTRY (HAVING SOCIAL SECURITY AGREEMENT  
WITH INDIA) WHERE GOING TO WORK :**

NAME(S) AND ADDRESS OF FIRM/ESTABLISHMENT/SHIP: <b>NATIONALE MAATSCHAPPIJ DER BELGISCHE SPOORWEGEN (NMBS) LENNEKE MARELAAN , ST-STEVENS-WOLUWE, POSTAL</b>	EMAIL ID /CONTACT PHONE NUMBER: <b>corporate.socialsecurity@tcs.com 2263716307</b>
BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):	<b>INDUSTRY</b>

**Joint undertaking by the employer and employee:**

We hereby undertake that :

The employer shall continue to contribute in respect of this employee in India during the period of posting abroad during which time the employer-employee relationship shall be maintained. The employer shall inform EPFO about any change in the employment status/secondment of the posted employee during the currency of this certificate. The Employee shall inform EPFO, about any loss/theft of this Certificate. The Employee and Employer shall be jointly and separately responsible for the misuse of any kind, of the Certificate of Coverage, If any.

*Amit Pandey*

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Signature of Employee with Date

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Signature of Employer with Date and Stamp